



P.O BOX 782622, Wichita, KS, 67278  
316-733-8943 [info@fhtrc.org](mailto:info@fhtrc.org) www.fhtrc.org

## 2024 Summer Day Camp Registration Form

(Check one): **Beginner Day Camp:**  July 15th **Ages: 6-12 Price: \$50**  
**Advanced 2 Day Camp**  July 8<sup>th</sup>-9<sup>th</sup> **INVITATION ONLY Price: \$100**

Rider's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address for Confirmation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact (Other than Above)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical Contact:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Misc. Notes: \_\_\_\_\_

**Riding Experience:**  None  Beginner  Intermediate  Experienced

Describe Riding Experience in detail:

\_\_\_\_\_  
\_\_\_\_\_

### PHOTO RELEASE

IDO  I DO NOT

Consent to and authorize the use and reproduction by FREEDOM HOOVES THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

**Signature: (Student if over 18)** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_  
**Signature: (Parent/Legal Guardian)** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

Once this Form is printed and signed, please mail to the address listed above. Please also include the two signed releases of liability and your camp deposit of \$90.  
**Thank you for choosing Saddle Up Summer Camp!**



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### 2024 Summer Camp Liability Release

As a camp participant/volunteer at Freedom Hooves Therapeutic Riding Center I acknowledge the risks of a horseback riding program and participation in the 2024 Saddle Up Summer Camp. However, I feel the possible benefits to myself and the participants I work with are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Freedom Hooves Therapeutic Riding Center, its' Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Freedom Hooves Therapeutic Riding Center program and the 2024 Saddle Up Summer Camp that I will be participating in.

#### WARNING:

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participant in this domestic animal activity.

If client/volunteer/participant is under 18 years of age, Parent/guardian must sign.

Name: (Please Print Clearly) \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian – if minor or legal guardian

DATE \_\_/\_\_/\_\_\_\_\_

**D&J Ranch**

**RELEASE OF LIABILITY**

KNOWING THAT RISK IS ALWAYS ATTACHED TO HORSEBACK RIDING AND IN CONSIDERATION OF THE SERVICES RECEIVED AND BEING DESIROUS OF RECEIVING INSTRUCTION ON THE RIDING OF HORSES BY

FHTRC/ D&J Ranch (INSTRUCTOR). I \_\_\_\_\_ (PARENT/GUARDIAN)  
OF \_\_\_\_\_

I DO HEREBY RELEASE AND DISCHARGE SAID INSTRUCTOR & THE D & J RANCH (DANE AND JENNIFER WADLEY) OF ANY AND ALL LIABILITY ARISING FROM THE RIDING AND/OR HANDLING OF HORSES UPON THE PREMISES KNOWN AS THE D & J RANCH, INCLUDING BUT NOT LIMITED TO LESSONS, SUMMER CAMP, AND/OR DEFECTS IN RIDING EQUIPMENT (I.E. SADDLES, BRIDLES, ETC...).

I AGREE TO HOLD SAID INSTRUCTOR & THE D & J RANCH HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY THAT MAY BE MADE BY MYSELF OR ANYONE ON MY BEHALF INCLUDING COSTS AND REASONABLE ATTORNEY FEES.

THIS RELEASE IS BINDING UPON MY HEIRS AND ASSIGNS. \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_



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### **What to Bring**

- Snack (We have a refrigerator for cold items)
- Drink/Water Bottle to be refilled
- Jeans or comparable long pants
- Sunscreen and Hairties
- Boots or Tennis shoes for riding (Absolutely no open toed or slip on shoes)

Helmets and Horses will be provided.